



# **Certification of Transportation For Daily Trips for Pupils Attending Kentucky School for the Blind And Kentucky School for the Deaf**

FROM: \_\_\_\_\_ District

District Number: \_\_\_\_\_

TO: Office of District Support Services  
 Kentucky Department of Education  
 1501 Capital Plaza Tower  
 500 Mero Street  
 Frankfort KY 40601  
 Office: (502) 564-3846  
 Fax: (502) 564-7574

School Year: \_\_\_\_\_

***Reminder:** Daily trips cannot be over 175 days  
 per school year.*

Name of Pupil	Please Indicate KSB or KSD	Round Trip Miles by Nearest Traveled Route	Number Days Transported	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TOTAL:</b>				

**Please mail or fax the certified copy to the above address or fax number.**

I hereby certify that the trips shown above were made during the time period show to provide for the transportation of pupils to and from the Kentucky School for the Blind and the Kentucky School for Deaf. I hereby request reimbursement for same.

Signed: \_\_\_\_\_, Superintendent \_\_\_\_\_ District



### **Daily Form Instructions**

The form is due on or before May 31. Districts transporting day pupils receive reimbursement through the SEEK Transportation Calculation.

Please group pupils in the same school together. Each district must enter:

1. Your district name, number and the school year that you are applying for reimbursement
2. List each pupil's name
3. Indicate the school attending; KSB or KSD Please group pupils in the same school together. (Kentucky Department of Education will only pay for trips to the Kentucky School for the Blind or School for the Deaf.)
4. Enter the total number of days your district provided transportation
5. Enter mileage provided per pupil from their residence to KSB or KSD for the school year.
6. The superintendent must sign and date the form.